

General Business Speciales
Multiple Dependent Claim
Fee Calculation Sheet
(For Use With Form PTO-876)

SERIAL NO. **10/070750** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
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50						
TOTAL IND.	7					
TOTAL DEP.	51					
TOTAL CLAIMS	53					

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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					